



**Georgia Department of Agriculture**  
**Capitol Square, Atlanta, Georgia 30334**

**Application for Renewal of Soil Amendment Registration**

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ TYPE OF BUSINESS ☐ Individual ☐ Partnership ☐ Corporation  
(if different) \_\_\_\_\_ (as it appears on label) ☐ Legal Trust \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE ( ) \_\_\_\_\_ FAX NO. ( ) \_\_\_\_\_ FEI or SSN# \_\_\_\_\_  
AUTHORIZED SIGNATURE \_\_\_\_\_ ☐ Owner ☐ Partner \_\_\_\_\_ (title)  
☐ Corporate Officer \_\_\_\_\_  
NAME (print) \_\_\_\_\_ CONTACT PERSON (print) \_\_\_\_\_

Application is being here by made to renew the following soil amendment registration(s) for the year beginning January 1, \_\_\_\_\_.

Product Name	Registration No.	\$50.00 per product
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL DUE		

Mail to : Georgia Department of Agriculture, Capitol Square, Room 604, Atlanta, Georgia 30334

FOR DEPARTMENT USE ONLY

FOR DEPARTMENT USE ONLY

FOR DEPARTMENT USE ONLY

Date: \_\_\_\_\_ Voucher No.: \_\_\_\_\_

Remarks: \_\_\_\_\_